

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-040953

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 2989

STATE FILE NUMBER

## 1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN HillsdaleLength of stay in lb  
56 Yrs.2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY St. Louisc. CITY  
OR  
TOWN HillsdaleInside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION 2151 Erick AvenueInside Limits  
Yes ☒ No ☐d. STREET (If outside, give location)  
ADDRESS 2151 Erick AvenueReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Bertha

Middle

C.

Last

Brauer

4. DATE  
OF  
DEATH

Month

Oct.

Day

15

Year

1962

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

1-20-89

## 9. AGE (last birthday)

73

## IF UNDER 1 YEAR

Months Days

## IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
Housewife10b. KIND OF BUSINESS OR INDUSTRY  
Home11. BIRTHPLACE (City and state or country)  
St. Louis, Mo.12. CITIZEN OF WHAT COUNTRY  
U.S.A.

## 13a. FATHER'S NAME

Henry Hopmeyer

## 13b. MOTHER'S MAIDEN NAME

Louise Kohrs

## 14. NAME OF HUSBAND OR WIFE

Harry T. Brauer

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
No

## 16. SOCIAL SECURITY NO.

None

## 17. INFORMANT

Harry T. Brauer, 2151 Erick Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Arteriosclerotic Heart Disease

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Coronary Arteriosclerosis

## DUE TO (c)

INTERVAL BETWEEN  
ONSET AND DEATH

None

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

Nervous System &amp; Cholelithiasis

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9/17/60 to 10/4/62 and last saw her  
Death occurred at 10:05 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

M.D.

## 22b. ADDRESS

4205 Virginia

## 22c. DATE SIGNED

10/6/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)  
burial

## 23b. DATE

10-18-62

## 23c. NAME OF CEMETERY OR CREMATORY

St. Peters Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis County Mo.

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Drehmann-Harral, 1905 Union Blvd.

## 25. DATE RECD. BY LOCAL REG.

10-16-62

## 26. REGISTRAR'S SIGNATURE

John Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

14027

24027

3

4 1

5 1

6

7 0

8 1

94201

10

11

1290-0

13

Dr. D. E. Beckman  
4205 Virginia  
Ve 2-2102

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Albert R. Thompson*

Licensed Embalmer No.

*4237*

P. O. Address

*St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.